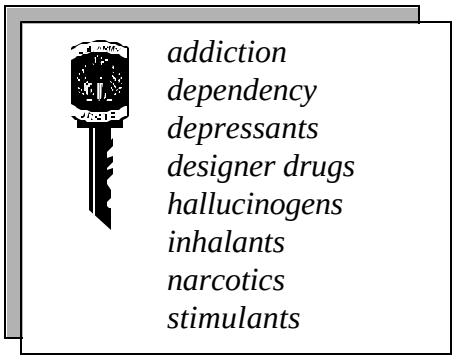
LESSON 2: DRUGS — USE AND EFFECT



addiction
dependency
depressants
designer drugs
hallucinogens
inhalants
narcotics
stimulants

INTRODUCTION

Drug abuse is one of the greatest threats to this society. It has ruined the lives of individuals and families; it causes unnecessary sickness and death; it is at the root of many of the most horrible and senseless crimes; and it wastes millions of dollars. For all these reasons, it is obvious that all the people of this country need to work together to stop this problem.

You can do your part by taking control of your life and deciding not to use drugs. Your actions do have an effect. Each individual has the power to keep drugs from being a problem in his or her own life and the ability to influence others' decisions concerning drugs. First, you must know what drugs are and what they do. Next, you need to understand why people, especially young people, start using drugs and how to prevent yourself and others from using them. And finally, you must be able to recognize the symptoms of drug use and what you can do to help those in trouble.

WHAT ARE DRUGS AND WHAT DO THEY DO?

IMPORTANT TERMS

Before going further into this lesson, review the italicized terms in the following paragraphs, so you will know what they mean in relation to drugs.

A *drug* is any chemical substance that changes the function of the mind or the body. Aspirin is a drug; allergy medication is a drug; marijuana is a drug; beer is a drug; the nicotine in cigarettes is a drug. A drug is neither good nor bad — it is what a person does with a drug that makes the difference.

Use, *misuse*, and *abuse* are terms thrown around quite a bit when talking about drugs. *Use* is taking a legal drug as prescribed or recommended for medical reasons. *Misuse* is taking a legal drug for medical reasons but not as recommended or prescribed. *Abuse* is taking any drug, legal or illegal, for a non-medical reason in a way that can injure your health or ability to function. Taking drugs is a serious matter; there is no such thing as "recreational drug use." Abusing drugs is not a sport or a hobby and always involves an unnecessary risk to your health.

When people talk about drugs, you often hear that someone is a drug *addict* or that a drug can or cannot cause *dependence*. ***Addiction*** and *drug dependence* mean basically the same thing; however, the term "addict" tends to make people think of a desperate individual living in the back alleys of a big city. But anyone from any background in any place can be addicted or drug dependent. People who are dependent cannot refuse the drug they have been abusing.

A person has a *physical dependence* on a drug when, after being deprived of the drug for any length of time, he or she experiences symptoms like nausea, vomiting, anxiety, watery eyes and nose, and an overwhelming desire to use the drug. Such symptoms are typical of *withdrawal sickness*. Withdrawal happens because the body's chemistry has been changed, causing the user to be unable to function comfortably without the drug.

Most people who are physically dependent are also *psychologically dependent*. Some have psychological dependence without the physical dependence, which can be an equally strong dependence. With this type of dependence, the user feels a powerful motivation to continue abusing a drug for the temporary pleasure or relief of discomfort the drug gives. Since the mind and the body work together very closely, it is often difficult to tell the difference between physical and psychological dependence. The mental craving for a drug may be so powerful that it seems to be a physical need.

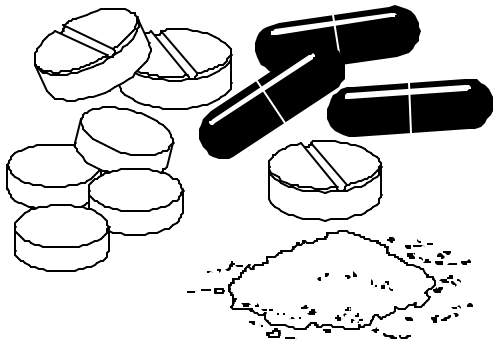
TYPES OF DRUGS

Most likely, you have already heard a lot about drugs from all different sources — school drug prevention programs, friends, the media, your parents, etc. Keep in mind the source when drugs are discussed; some of what you hear may be incorrect or not the full story. It is, therefore, important to know exactly what the different kinds of drugs are, whether their use is legal or not, and what they can do to you if you use, misuse, or abuse them. Being accurately informed can help you decide whether abusing drugs is worth the risk.

STIMULANTS

Amphetamines and Methamphetamines

Amphetamines (Speed, Uppers, Ups, Black Beauties, Pep Pills, Copilots, Bumblebees, White Crosses, Benzedrine, Dexedrine, Footballs, Biphetamine) look like capsules, pills, or tablets. Methamphetamines (Crank, Crystal, Meth, Crystal Meth, Methedrine, Ice) can be in the form of a white powder, pills, or a rock which resembles blue paraffin. Forms of both drugs are used medically to treat obesity, narcolepsy, and hyperactivity in children.



Stimulants are abused for the quick high and the false sense of energy, self-confidence, well-being, and power they give. The effects of these drugs quickly wear off, leaving the user tired and depressed. Sometimes, the user will then use more of the drug to counteract the "down" feeling, called crashing, which starts a cycle that leads to drug dependence. The repeated use of high doses of amphetamines in a short period of time, known as speeding, is very dangerous and can even be fatal. Heavy users may develop a feeling of paranoia, which can lead to violent behavior. An overdose can cause a collapse of the circulatory system, convulsions, coma, and death.

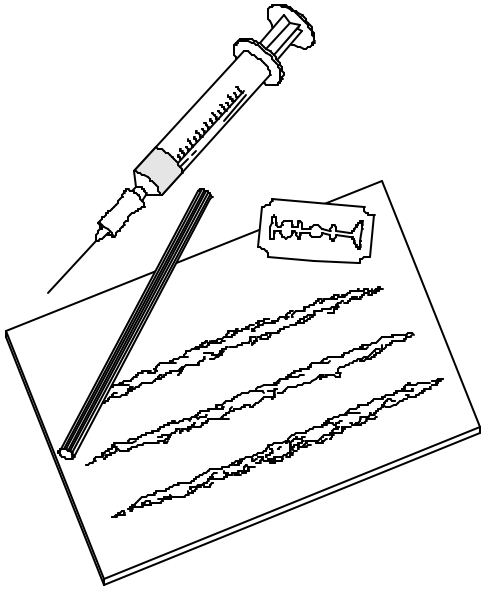
Stimulants increase heart and respiratory rates, elevate blood pressure, dilate the pupils, and decrease appetite. In addition, users may experience sweating,

headaches, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

Users often report feeling restless, anxious, and moody. Higher doses intensify the effects. People who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Cocaine, Crack, and Bazuco

Cocaine hydrochloride (Cocaine, Coke, Snow, Flake, Rock, White, Blow, Nose Candy) is an illegal drug that looks like white crystalline powder and is often diluted with other ingredients. It is inhaled through the nose, injected, or smoked.



Cocaine gives the user a high like an intense amphetamine high — a temporary feeling of pleasure, seeming to relieve fatigue and reducing the appetite. Regular use can lead to hallucinations of touch, taste, sound, or smell. Tolerance develops rapidly with repeated use. As cocaine's effects wear off, the user feels exhausted, depressed, and sometimes paranoid, similar to the crashing of amphetamines. Cocaine is considered to be one of the most potentially addictive drugs.

Cocaine stimulates the central nervous system. Immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use results in a stuffy nose, while chronic use decays the mucous membranes of the nose. Injecting cocaine, or any drug, with a shared needle may spread AIDS, hepatitis, and other diseases. Cocaine produces both psychological and physical **dependency**.

Dealers cut cocaine with other substances, usually table sugar, mannitol, lactose, dextrose, and other drugs (PCP, lidocaine, amphetamines). Strychnine, a poison, has been found in cocaine; talc, which damages the lungs, is also often used.

Occasional use of cocaine can lead to heavy, uncontrollable use, with the dependence becoming so strong that users will not quit even when cocaine severely damages their lives. When users do quit, they may not experience strong physical withdrawal symptoms, but they do become depressed, irritable, tired but unable to sleep, and constantly crave the drug.

Crack (Crack, Freebase Rocks, Rock) looks like brown, beige pellets or crystalline rocks that resemble lumpy soap and is often packaged in small vials. It is smoked. Bazuco is a drug similar to crack. Both of these drugs are illegal.

Crack is street cocaine commonly processed with boiling water and baking soda, which produces a very pure form of cocaine. The effects and the risk of addiction to crack are so great, however, that it is like a completely different drug. It is many, many times more dangerous than cocaine hydrochloride. Its effects are felt within 10 seconds. Cocaine in this form creates a very intense high and a fast, strong addiction. The user also experiences an incredible low after the high has worn off, often throwing him or her into a deep depression. To offset this depression, the user then smokes more crack, starting the compulsive cycle that leads to a severe dependency. The only person who benefits from this vicious cycle is the drug dealer who now has a desperate customer in constant need of his or her product.

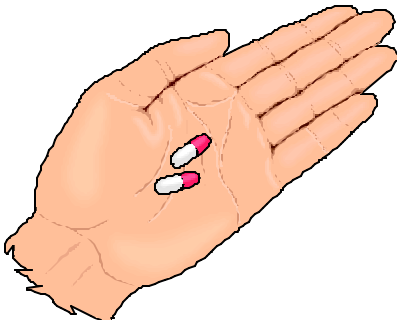
Physical side effects of crack include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, hallucinations of touch, paranoia, and seizures. A major concern with crack is that dependency is almost immediate. The first experience is often very pleasurable. Then, the extreme low afterwards is a strong motivator to use the drug again right away, this time to relieve bad feelings. Users of crack are addicted before they know it, turning their lives upside down.

Another form of cocaine, bazuco, is equally, if not more dangerous and addictive than crack. Its use originated in Colombia and other South American countries and has now made its way to the United States. It is made from the intermediate step between the coca leaf and the cocaine hydrochloride, called cocaine sulfate. It is mixed with a number of other substances, among them marijuana, methaqualone, and acetone. Its effects are similar to those of crack, as are its dangers and its quick addiction.

The use of any type of cocaine can cause death by disrupting the brain's control of the heart and respiration.

DEPRESSANTS

Barbiturates, Methaqualones, and Tranquilizers



Barbiturates (Downers, Barbs, Blue Devils, Red Devils, Yellow Jacket, Yellows, Nembutal, Seconal, Amytal, Tuinals, Luminal, Amytal, Pentothal, Phenobarbital) look like red, yellow, blue, or red and blue capsules. Methaqualones (Ludes, Quaaludes, Quads, Sopors, Sopes, 714s) look like tablets. Tranquilizers (Valium, Librium, Equanil, Miltown, Serax, Tranxene, Thorazine) look like tablets or capsules.

Barbiturates are used medically as an anesthetic and to treat insomnia and convulsions. Barbiturates' effects vary from person to person and even change within one person from one time to the next. When abused, the symptoms they produce are similar to those of alcohol. Small amounts can produce calmness and relaxed muscles, but larger doses cause slurred speech and staggering walk. Like alcohol, they distort perception and slow reaction time, which can cause serious accidents like car crashes. Very large doses can cause respiratory depression, coma, and death.

Barbiturate abusers often become extremely depressed, tired, and hopeless. They may reach for the rest of the bottle to "end it all" when in this mental state, or they may become confused, forget how many pills they have taken, and accidentally overdose. For this reason, barbiturates are one of the leading causes of drug-related deaths. The combination of barbiturates and alcohol can multiply the effects of both drugs, thereby multiplying the risks. This multiplication of the effects of two separate drugs when taken together is called the synergistic effect**.** It can be fatal.

Methaqualone production has been banned since 1984 due to its widespread misuse and minimal medical value. Abusers take it to produce a feeling of elation; however, its side effects are headaches, nosebleeds, dizziness, loss of coordination, and leg and arm pain. Tolerance and psychological dependence can develop when used regularly. Using methaqualone with alcohol is known as "luding out" and can cause death.

Tranquilizers are used medically to treat anxiety, insomnia, and convulsions. It is very easy to become both physically and psychologically dependent on them. When mixed with alcohol, they can cause death.

Alcohol

Ethyl **alcohol** or ethanol (beer, wine, wine coolers, champagne, whiskey, rum, vodka, tequila, gin, bourbon, scotch, liqueur, etc.) is a socially acceptable and legal drug for those over 21 years of age. Because of its widespread use and acceptance, many do not consider it a drug or even dangerous. But it is a drug and in excess can be very dangerous.

As a depressant, moderate amounts of alcohol cause people to relax and feel cheerful. Greater amounts result in loss of coordination, slurred speech, changes in personality and mental functions, loosening of inhibitions, intensification of feelings such as anger and sadness, impairment of clear thinking and judgment, and a false feeling of warmth while the body is actually losing heat.

The extent of alcohol's effects on an individual is determined by his or her blood alcohol concentration (BAC), which is a measure of the amount of alcohol in the bloodstream per 100 milliliters of blood. The table below shows how a person of average weight is affected by increasing blood alcohol concentrations.

BAC	Effect
.04	Heart rate increases
.06	Judgment affected
.10	Vision, speech, and coordination affected
.30	Loss of control
.40	Loss of consciousness
.50	Coma; decreased heart rate, blood pressure, and breathing; eventual death

A drinker's gender and weight, the amount of alcohol consumed, the time in which the alcohol is consumed, and the amount of food eaten in conjunction with the consumption of alcohol all make a difference in how alcohol affects the drinker. The table

below demonstrates how weight, gender, and the time in which alcohol is consumed affect BAC assuming the alcohol is consumed on an empty stomach. Note that one drink is equivalent to a shot glass (1.25 ounces) of hard liquor, a glass of wine (5 ounces), or a bottle of beer (12 ounces).

Weight/ Gender	2 drinks in 2 hrs.	2 drinks in 1 hr.	3 drinks in 2 hrs.	3 drinks in 1 hr.
120 lb. F	.05	.06	.09	.10
120 lb. M	.04	.05	.07	.08
180 lb. F	.02	.04	.05	.06
180 lb. M	.01	.03	.04	.05

Individual states decide at what BAC a person is driving drunk. For most states, it is either .08 or .10 for adults over the age of 21, and .01 or .02 for people under the age of 21. The numbers for youths are very low, because legally, they cannot drink until they are over 21 and are therefore breaking the law if they consume any alcohol at all. Individual states also decide the punishment for drunk driving, which can include fines, driver's license suspension, and vehicle impoundment. In many states, it takes only one drunk driving offense to result in license suspension anywhere from one week to six months.

Giving someone who is drunk a cold shower or black coffee does not make the person less drunk. These practices just make the person more awake, but he or she is still drunk and impaired by a high BAC. Time is the only antidote for drunkenness. A drunk person should be kept from driving or participating in any other activity that requires coordination or judgment for several hours after the last drink.

Because of inexperience with alcohol, young people often overestimate their ability to handle the drug. The practice of "chugging beer" and other social drinking activities can produce a quick buildup of alcohol in the bloodstream, resulting in a dangerously high BAC. Young people have died unnecessarily when participating in this kind of "a good time."

Additionally, young people are still developing socially, physically, mentally, sexually, and emotionally; alcohol can interfere with these developments and become a serious problem in already complicated lives. Studies show that drinking as a teenager can increase the risk of developing alcoholism, a chronic, progressive and sometimes fatal disease that requires professional treatment. Remember, 1 out of 10 drinkers becomes an alcoholic, and they can be mothers, fathers, professionals, laborers, doctors, teachers, students, etc. Children of alcoholics also run a greater risk of becoming alcoholics than children of non-alcoholics. Inherited body chemistry is probably responsible for this occurrence.

As mentioned previously in the section on barbiturates, mixing alcohol with other **depressants** can be fatal. The following is a list of other drugs that interact negatively with alcohol.

- Antibiotics and alcohol may weaken the antibiotics and cause drowsiness and vomiting.
- Antihistamines and alcohol may cause drowsiness.

- **Narcotics** and alcohol cause depression of the central nervous system and can arrest the respiratory system.
- Non-narcotic pain killers (such as aspirin) and alcohol may cause stomach and intestinal irritation and possible bleeding.
- Tranquilizers with alcohol cause depression of the central nervous system.

HALLUCINOGENS (PSYCHEDELICS)

Hallucinogens alter the physical senses, producing visions, sounds, and smells that are not real, and distorting the concepts of time and space in the user's mind. Since these drugs confuse fact and fantasy, a user may become irrational and resort to violence or suicide to avoid an imagined situation or attacker. Hallucinogens are not physically addictive, but users often become psychologically dependent on these drugs.

Phencyclidine Hydrochloride

Phencyclidine hydrochloride (PCP, Angel Dust, Hog, Superjoint, Busy Bee, Green Tea Leaves, DOA <dead on arrival>) can be in the form of a liquid, capsules, white crystalline powder, or pills. Of the various types of hallucinogens, only PCP has a medical use as a tranquilizer for animals.

PCP interrupts the functions of the neocortex, which is the section of the brain that controls the intellect and keeps instincts in check. The effects of PCP are unpredictable, but users frequently report a sense of distance and alienation from the world and others. Sometimes a user may feel drunk, but at other times the same dose may cause depression, paranoia, hallucinations, and suicidal thoughts. Time and movement are slowed down; muscular coordination worsens; senses are dulled; and speech is blocked and incoherent.

PCP stays in the system for a long time. Chronic users report persistent memory problems and speech difficulties as well as psychological and behavioral changes. Some of these effects may last six months to a year following prolonged daily use. Mood disorders such as depression and anxiety also occur, and users may exhibit paranoid and violent behavior. In fact, many deaths attributed to PCP do not occur from the drug itself, but from accidents, like falling from high places, drowning, or car wrecks, related to the behavior PCP produces. Large doses of PCP can cause convulsions and coma, heart and lung failure, or ruptured blood vessels in the brain. Treatment for an overdose is very difficult and requires hospitalization.

Lysergic Acid Diethylamide, Mescaline, Peyote, and Psilocybin

Lysergic acid diethylamide (LSD, Acid, White Lightning, Blue Heaven, Sugar Cubes, Microdot) can come as brightly colored tablets, imprinted blotter paper, thin squares of gelatin, or as a clear liquid. Mescaline and peyote (Mesc, Buttons, Cactus) come as hard brown discs, tablets, or capsules. Psilocybin (Mushrooms, Shrooms) is fresh or dried mushrooms.

The physical effects of these drugs may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, tremors, chills, fever, and nausea. Sensations may be confused and feelings may change rapidly. Music may appear as colors and colors as flavors or odors.

Some users have bad psychological reactions and may experience panic, confusion, suspicion, anxiety, and loss of control when they realize these effects cannot be stopped. They may be terrified by paranoid feelings and become dangerous to themselves

and others. Delayed effects, or flashbacks, can occur even after use has ceased.

A "trip" from an average dose of LSD can last as long as 8 to 10 hours. LSD's effects are unpredictable, tolerance to it develops quickly, and its use frequently results in psychological dependence.

MARIJUANA

Marijuana (Acapulco Gold, Ganga, Grass, Mary Jane, Pot, Weed, Reefer, Stick, Smoke) comes from the dried flowers, leaves, and small stems of the cannabis plant. It is smoked in cigarettes, known as joints, and also in pipes. Marijuana use is illegal in the United States, but in the past was used medically to reduce swelling of the eyes caused by glaucoma and to counteract the intense nausea brought on by certain cancer treatments. Its legalization, especially for these medical purposes, has been a controversial subject in this country for years.

The chemical tetrahydrocannabinol (THC) produced by cannabis is the main psychoactive substance that produces marijuana's mind-altering effects. THC is quickly absorbed into the lungs, then travels through the blood to affect the brain. It distorts the senses, including hearing, taste, touch, and smell, and alters sense of time and place, as well as feelings. THC affects sleep patterns and remains in body fat for at least a month after only one joint has been smoked. It causes users to crave food (getting the munchies) and to enjoy eating, which is unusual for a drug. It also tends to dull sexual urges and pleasure.

There are several hundred other chemicals in marijuana that vary between different types of cannabis plants and between plants grown during different seasons. This explains why the effects of marijuana vary from person to person and from one use to the next. Marijuana can also contain dangerous substances like pesticides and molds and is sometimes mixed with PCP to make the user believe it is more potent.

Because marijuana is widely abused today and has been around for thousands of years, many people believe that its use poses no harm. However, research studies prove this notion wrong. Effects include:

- Short-term memory loss and shortened attention span, both of which interfere with the ability to learn. Heavy, long-term use is often called "burn out" because the user's thinking is slow and confused.
- Increased heart rate and irregular heartbeat.
- Weakening of the immune system.
- Reduced hormone levels resulting in lower sperm counts in males and irregular menstrual cycles in females.
- Development of "amotivational syndrome," which results in apathy and loss of ambition and drive.
- Impaired judgment, unsteadiness, lack of coordination, and slowed responses, which make driving a dangerous activity.

- Lung damage and increased risk of lung cancer. This risk is higher than that of smoking tobacco cigarettes, since marijuana is inhaled more deeply and then held in the lungs for a longer period of time. Joints also lack filters to cut down on harmful chemical effects.

- Possible depression and moodiness. Some users feel tired and unhappy the morning after smoking marijuana and may respond by smoking a joint to feel better. This cycle may lead to psychological dependency.

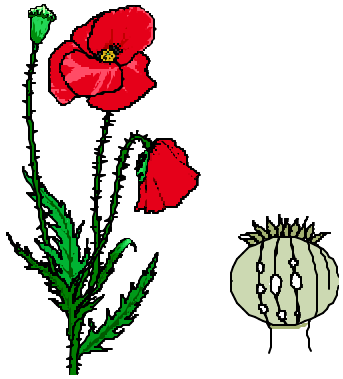
- Possible intense fear and anxiety, called a "pot panic" and even paranoia and psychosis. This may occur if the marijuana contains higher levels of THC.

- Development of a tolerance to marijuana resulting in the need for greater amounts in order to feel any effects. This may also contribute to psychological dependence.

Because of all the effects marijuana has on the mind, body, and the ability to learn, its use may be particularly harmful to young people since they are still maturing physically, sexually, and mentally. Marijuana's effects may prevent you from becoming a healthy, normal adult.

NARCOTICS

Most narcotics are opiates, which come from the seed pods of opium poppies. Many are used medically to relieve pain and treat insomnia. Narcotics abuse initially produces a feeling of euphoria that is often followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and death. Tolerance develops rapidly and dependence is likely. The use of contaminated syringes to inject certain kinds of narcotics may result in diseases such as AIDS and hepatitis.



Opium, Codeine, Morphine, and Others

Opium (Paregoric, Dover's Powder, Parepectolin) can look like dark brown chunks or a powder. Codeine comes in different drugs such as Empirin, Tylenol, and certain cough medicines. It is either a dark liquid varying in thickness or comes in capsules or tablets. Morphine (Pectoral Syrup) comes in the form of white crystals, hypodermic tablets, and injectable solutions. Other types of opiates include Percocet, Percodan, Tussionex, Fentanyl, Darvon, Talwin, and Lomotil and come as tablets, capsules, or liquids.

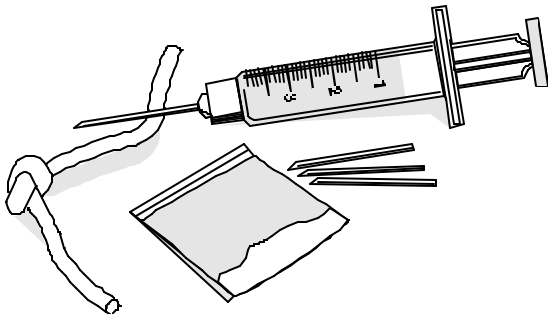
Codeine is one of the weakest narcotics. Doctors prescribe it for coughs and pain relief. Opium is also a weaker narcotic, but it has side effects that make it undesirable as a medication, including slowed heart rate, breathing, and mental abilities, and loss of appetite. Morphine is a very strong painkiller, but since it is also very addictive, it is used in medicine only for severe cases, such as in the later stages of terminal cancer when patients are in extreme pain. Unfortunately, as a drug of abuse, morphine usually results in addiction. Withdrawal from it has painful and severe effects and generally requires the help of a professional to get an addict off the drug.

Heroin and Methadone

Heroin (Smack, Horse, Junk, Harry, H, Brown, Black Tar, Antifreeze) looks like a white to dark brown powder or a tar-like substance. Methadone Hydrochloride (Dolophine, Methadose, Methadone) comes in the form of a solution.

DID YOU KNOW?

Many injured soldiers during the Civil War became morphine addicts because they were given the drug as a painkiller. To cure their addiction, heroin was made legal in 1874. Unfortunately, heroin also proved to be highly addictive.



Heroin is a concentrated form of morphine and is so addictive that it is illegal in the United States even for medical use. Unfortunately, it is the most abused narcotic in this country, and its use is on the rise as of the late 1990s. Users of heroin often start by sniffing or smoking the drug in powdered form. Because tolerance develops quickly, they often turn to "mainlining," the practice of injecting a heroin solution into their veins to intensify the drug's effects.

Heroin dulls the senses, easing tensions, fears, and worries. A stupor follows that lasts for several hours in which hunger and thirst are reduced. After 12 to 16 hours without heroin, the user will experience severe withdrawal symptoms, including sweating, shaking, chills, nausea, diarrhea, abdominal pain, leg cramps, and severe mental and emotional pain. To relieve these symptoms, the user must take another dose of the drug. People addicted to heroin often die young, some from overdoses caused by unreliable drugs, others because they cannot distinguish between safe and dangerous doses.

Methadone's effects are similar to those of heroin and morphine. It is used in some drug rehabilitation programs to treat heroin addiction, because it blocks the user's need for heroin and prevents withdrawal symptoms. When used illegally without medical supervision, however, it can also cause dependence.

DESIGNER DRUGS

Illegal drugs are defined in terms of their chemical formulas. To get around these legal restrictions, underground chemists slightly change the molecular structure of certain illegal drugs to produce analogs, known as synthetic or **designer drugs**. While these analogs are meant to produce effects similar to those of specific illegal drugs, in many cases they are much stronger and more dangerous than the drugs they are designed to imitate.

Examples of narcotic analogs include China White and New Heroin, both of which look like a white powder resembling heroin. Use of these analogs is responsible for an increased number of deaths among first-time experimenters and heroin-dependent users. Some narcotic analogs have caused symptoms like those of Parkinson's disease — uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage.

Ecstasy (Ex, MDMA) is an example of a stimulant analog that mimics cocaine. It produces euphoria and heightens pleasure, but may also cause mood swings, overly friendly behavior, insomnia, anxiety, and nausea. In high doses, it may produce hallucinations, and in extreme cases, abuse may result in seizure and death.

Other stimulant analogs that resemble amphetamines and methamphetamines can cause nausea, blurred vision, chills, sweating, and faintness. Psychologically, they may cause anxiety, depression, and paranoia. As little as one dose can cause brain damage.

Use of analogs is simply not worth the risk. One wrong choice and they will deprive you of making *any* other choices.

INHALANTS

Inhalants include fumes from chemical products like paint thinner, glue, cleaners, gasoline, and lighter fluid; propellants added to sprayable products like paint, deodorant, whipped cream, and hair spray; and products used medically for various reasons, like nitrous oxide which relieves anxiety. Abuse of the fume-type of inhalants is most popular with teenage boys, but can occur among children as young as the age of seven.

The fumes from many chemical products can be very dangerous, which is why these products contain warning labels against inhaling their fumes. Those who deliberately disregard these warnings are at risk of permanent brain and nerve damage and even death from heart failure, depressed breathing that eventually stops, and suffocation due to the displacement of oxygen in the lungs.

SIGNS OF DRUG ABUSE

⇒ Dilated pupils
⇒ Missed appointments
⇒ Lying
⇒ Unexplained increases in energy followed by fatigue and depression
⇒ Anxiety
⇒ Memory loss
⇒ Pale and perspiring skin
⇒ Runny nose
⇒ Nosebleeds
⇒ Hyperactivity
⇒ Jumpiness
⇒ Ability to go without food or sleep for long periods of time
⇒ Suspiciousness and paranoia
⇒ Lack of care with personal appearance
⇒ Inability to explain what money is spent on

All of these signs of drug abuse may also be caused by other medical, psychological, or personal problems, so if a friend or family member is showing one of the signs, it is in no way an absolute indication that he or she is abusing drugs. Before jumping to conclusions, consider how frequently these signs occur and whether or not the person showing the signs has a logical explanation for them other than drug abuse. Expressing concern and asking questions is the best way to get a person to confide in you.

CONCLUSION

If a friend or family member is abusing drugs, make it clear that you care about him or her, but that you do not approve of his

or her habit. Encourage the person to break the habit and support any effort on the part of the person to do so. Find out where the person can seek help and encourage him or her to get it.